

The treatment of these cases is briefly discussed. The success of therapy depends, according to the author, almost altogether on how soon treatment can be begun after the onset of neurological symptoms.

**Endamœba Dysenteriae in Hodgkin's Disease.**—KEFOID and SWEZY (*Jour. Am. Med. Assn.*, 1922, 78, 1604) report a case which clinically and pathologically resembled Hodgkin's disease. In the enlarged glands of this patient the authors found cells which they regard as amœba, probably *Endamœba dysenteriae*. They base this interpretation on the structure of the nucleus of this cell, particularly as it appeared during mitosis. The most important evidence adduced is the numerical contrast between the number of chromosomes believed to be normal for human cells and the number observed in the abnormal cells. The latter number corresponds to that observed in amebas. The authors suggest the possibility of Hodgkin's disease being amœbiasis of the lymphatic system.

**Amœbiasis of the Bones.**—KEFOID and SWEZY (*Jour. Am. Med. Assn.*, 1922, 78, 1602), on similar grounds to those described above, believe that certain ameboid cells found in the bone-marrow in cases of arthritis deformans are true amebas, and they suggest the inference that the organism may be the etiologic factor in Ely's second or non-bacterial type of arthritis deformans.

## SURGERY

UNDER THE CHARGE OF

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**Decapsulation of the Kidneys in Bright's Disease.**—SANDERSON-WELLS (*British Med. Jour.*, December 3, 1921, p. 940) says Edebohl's principles were attacked by physiologists upon these grounds: That the renal arteries are end-arteries and terminal; that the blood supply from the capsule is insignificant; that renal tissue once destroyed does not regenerate; and that chronic nephritis is the local expression of a general disease and a cure must remove the cause. Experimental work upon animals showed that a new capsule was formed in a few weeks thicker and denser than the normal capsule; that there were fewer vessels in the new than in the old. Injections were made into the renal arteries and the aorta with the renal arteries tied. The general opinion as to the result of these experiments was that there was but slight communication. Stursburg, however, found on injecting into the aorta with the renal artery tied that the injection penetrated even to the papillæ. Although the outlook appears disappointing from physiological and pathological aspects, the clinical case reports are excellent.

The uremic patient has been restored to consciousness, while suppression of urine and edema disappear. Patients apparently doomed have returned to work; many have subsequently been pronounced cured by high authorities. The operation therefore deserves consideration under two conditions: First, as an emergency in eclampsia, uremia and suppression of urine; the more desperate the extremity the more certainly it should be discussed; and second, in chronic cases when medical treatment has failed after a thorough trial. In both the above classes the heart and arteries should be reasonably sound, which probably means that most success will be obtained in the first half of life.

**The Surgeon as a Pathologist.**—BOND (*British Med. Jour.*, December, 1921, p. 973) says that a capacity to elaborate a substance or substances closely allied to, if not identical with, glycogen is possessed by leukocytes, myelocytes, and certain epithelial cells. In the case of the white blood cells, this capacity is in the main limited to the polymorpholeukocytes when they emigrate or escape from the blood stream. In the emigrated leukocyte this glycogenic substance takes the form of a colloid liquid which is rapidly exuded from the cell and gives a delicate mauve color with iodine. In the myeloid cells of the red marrow and in some myeloma cells this substance is also present and is somewhat evanescent. In certain epithelial cells of the mucous membranes which line the orifices of the digestive, respiratory and genito-urinary canals this iodophil substance is present in a more granular and less soluble form. It is more closely incorporated with the cell cytoplasm and stains a red or red-brown color with iodine. The same or an allied substance is also constantly found in certain cancer cells of epithelial origin. In the primary growth it is present in the cells which form the cell nests. In common with the irregular growth of the epithelial cells in the cancer area the disposition of the iodophil cells also undergoes a change. These are reduced in number and are collected in irregular groups rather than in stratified layers. This iodophil substance is also present in the epithelial cancer cells found in the lymph glands and in other secondary deposits. The presence of this capacity for elaborating iodophil substances by cancer cells in secondary deposits is an indication of the retention of some degree of original function by these cells in their abnormal situation and is associated with important problems of cell heredity.

**The Treatment of Gastric Ulcer.**—MOYNIHAN (*British Med. Jour.*, February 11, 1922, p. 267) says that medical treatment if properly carried out for a sufficiently prolonged period, should enable an ulcer to heal. The need for surgical treatment is a confession that such treatment is unattainable or has failed. The procedures that have been adopted are as follows: Gastroenterostomy; excision of the ulcer; gastroenterostomy combined with excision; gastroenterostomy combined with destruction of the ulcer by cautery (D. C. Balfour's operation); median resection of the stomach (sleeve resection); gastroenterostomy combined with jejunostomy; and partial gastrectomy. This last operation has been most satisfactory for the author. In gastrectomy the mortality in his hands has been 2 per cent. The quality of recovery is excellent. Secondary operation was necessary only once in a series of ten years' duration. There has only been one